

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re: _____ :
: Case no.: _____
: Chapter: _____
Debtor(s) _____ :
Judge: _____

STATEMENT OF SOCIAL SECURITY NUMBER

1. Name of Debtor: _____
(Check the appropriate box and, if applicable, provide the required information)
- _____ Debtor has a Social Security Number and it is: _____
- _____ Debtor does not have a Social Security Number.
2. Name of Joint Debtor: _____
(Check the appropriate box and, if applicable, provide the required information)
- _____ Joint Debtor has a Social Security Number and it is: _____
- _____ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Debtor

Date

Signature of Joint Debtor

Date